NIOSH recommends that health care facilities use safer medical devices to protect workers from needlestick and other sharps injuries. Since the passage of the Needlestick Safety and Prevention Act in 2000 and the subsequent revision of the OSHA Bloodborne Pathogen Standard, all health care facilities are required to use safer medical devices.

Safer Medical Device Implementation in Health Care Facilities

Sharing Lessons Learned

NIOSH has asked a small number of health care facilities to share their experiences on how they implemented safer medical devices in their settings. These facilities have agreed to describe how each step was accomplished, and also to discuss the barriers they encountered and how they were resolved, and most importantly, lessons learned.

Phase 1: Form a Sharps Injury Prevention Team

Our facility is a privately owned **dental practice**. We specialize in the care and treatment of pediatric and handicapped patients. We currently operate two offices, and employ approximately 30 people. Many of our staff members are part-time employees filling positions of associate dentists, dental hygienists, dental assistants and administrative staff. We are just beginning the process of selecting and evaluating safer medical devices.

In order to form a sharps injury prevention team that would provide feedback from all aspects of patient care we decided to include at least one staff member from each clinical position—dentist, hygienist, and dental assistant. We anticipated the need for input from our purchasing agent and for information pertaining to OSHA compliance and exposure incidences.

As is common with dental practices, many of our staff members have several responsibilities. *For example, one chairside dental assistant is also our purchasing agent for dental equipment and supplies. She also contributes to the monitoring of infection control compliance.* When considering staff selection for the prevention team, we took a close look at which staff members served in multiple positions that would meet the needs of the team. For logistical reasons, we wanted to keep the team as small as possible, yet encompassing all of the aspects mentioned previously. We had to consider the schedules of each of the team members and their obligations outside the dental office.

Fortunately, all of the staff members asked to participate with the team were willing to do so. The primary concerns we encountered were those related to obligations of time. Because of personal and professional obligations, most of the team members were concerned about their availability beyond the regularly scheduled workday. They were, however, willing to meet as needed during their lunch breaks and at least one of the members was able to make themselves available at a time they were typically not in the office. Due to the close proximity of our two office locations lunch meetings were feasible with enough time for the necessary commute. Conference calls were also a possibility.

The sharps injury prevention team was comprised of the following staff members:

1. Dentist- Provides direct patient care which involves the use of any/all sharps including syringes used during the administration of local anesthetic. She is also very detailed oriented and communicates well with her peers. (There are a total of four dentists working in our practice).

   Individual Team Duties: Provide input for development of screening and evaluation forms utilized for selection of safety devices.

2. Registered Dental Hygienist- Provides direct patient care which *may* involve the handling of, but **not** direct use of syringes. She serves a limited role in purchasing of supplies and in monitoring infection control compliance. She is very familiar with the OSHA regulations pertaining to this issue. She also has strong organizational skills with previous experience developing policy and chairing meetings. Therefore, she was designated the team coordinator.

   Individual Team Duties: Recruitment of team members; Division of responsibilities; Provide direction to team members, ensuring their staying on task; Coordinate meeting times and agendas; Develop screening and evaluation forms utilized for selection of safety devices.

3. Chairside Dental Assistant- Provides patient care involving the handling of a variety of sharps. Primary purchasing agent for dental equipment and supplies. Contributes to the monitoring of infection control compliance and training of staff members.

   Individual Team Duties: Research product availability and pricing; Ensure product samples for team meeting(s); Provide input for development of screening form.

4. Sterilization Assistant- Responsible for the handling of all materials utilized in patient care. Ensures proper disposal, sterilization and handling of all equipment/instruments.

   Individual Team Duties: Monitor compliance with utilization of newly selected safety devices.

5. OSHA Compliance/Maintenance Representative- Responsible for the maintenance of records pertaining to the compliance of OSHA regulations.

   Individual Team Duties: Provide brief report regarding office history of exposure incidences (including information such as staff position, equipment in use, location of accident, any pertinent circumstances).

During the process of forming the team, it became obvious that without the support of the practice owner the project would be difficult from beginning to end. Fortunately, we had that support from the beginning.

As each team member was recruited, they were given an overview of the objectives and anticipated commitments. This seemed to alleviate any concerns they may have had about making the commitment to the team. By nature, the staff members are open-minded and share a willingness to try new equipment/products in order to enhance treatment and/or safety.

We had an initial group meeting covering the following topics:
-overview of OSHA regulations
-team members
-review of exposure incidence reports and priorities
-search results for available products
-screening of potential products
-review of evaluation forms
-staff training for selected products

We then decided it would be necessary to meet as a group after the evaluation of selected safety products takes place and evaluation forms are collected. As we had previously done, we decided to work as needed in smaller groups, consulting with the project coordinator to follow through on any pending issues.

Staff Hours and Costs
Phase 1: Form a Sharps Injury Prevention Team

Staff Hours:

Type of Staff	Hours Spent on Phase 1
Management (practice owner)	2
Administrative (non-clinical duties)	8
Front-line (clinical input)	4
Total	14

Other, non-labor items:

Item
1. printing/copying of materials
2. meeting facility space
3. lunch provided during working session